

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS359AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2008
NAME OF PROVIDER OR SUPPLIER M S J HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4370 ADELPHI AVENUE LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on October 22, 2008. This State Licensure survey was conducted by the authority of Nevada Revised Statutes 449.150, Powers of the Health Division. The facility was licensed to provide care for 6 elderly or disabled persons and/or persons with mental illnesses, Category 1 Residents. The census was 6. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000		
Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to ensure 1 of 2 employees has received not less	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 than 8 hours of annual training (Employee #1). Findings include: The facility was licensed as a residential facility for groups to provide care for elderly or disabled persons and/or persons with mental illnesses. Employee #1 was employed September, 1999 as the administrator. On 10/22/08, there was no documented evidence Employee #1 had received 8 hours of annual training related to providing care for elderly or disabled persons. There was no documented evidence Employee #1 had received 8 hours of annual training related to providing care for persons with mental illnesses. Severity: 2 Scope: 1	Y 070			
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to ensure that 1 of 2 employees had current certification in first aid and cardiopulmonary resuscitation (Employee #1).	Y 106			

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Y 106	Continued From page 2 Findings include: Employee #1 was employed September, 1999 as the administrator. There was no documented evidence of current certification in first aid and cardiopulmonary resuscitation (CPR) for Employee #1. (The most recent documented first aid and CPR certification expired June, 2006. Severity: 2 Scope: 1	Y 106		
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that smoke detectors were maintained in operational condition. Findings include: On 10/22/08 in the afternoon, the smoke detectors in Room #3 and #4 were not audibly triggered upon testing. Severity: 2 Scope: 1	Y 444		
YA908 SS=F	449.2746(2)(a-f)PRN Medication Record NAC 449.2746	YA908		

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YA908	<p>Continued From page 3</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration;</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain an accurate record of the physicians' instructions of medications prescribed on an as-needed basis for 3 of 4 residents (Resident #1, #2, #3).</p> <p>Findings include:</p> <p>1. Resident #1 was admitted to the facility on 12/29/05. The medication bucket contained Hydroxyzine PAM, 50 mg (milligram), 1 capsule prn (as needed) anger and anxiety. The Medication Administration Record (MAR) for the month of October, 2008 indicated the Hydroxyzine was administered twice daily on a regular, daily basis. There was no documented evidence of a record of the reason and the results of the medication ordered on a prn basis. The MAR did not indicate the Hydroxyzine was to be</p>	YA908		

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YA908	<p>Continued From page 4</p> <p>administered on a prn basis.</p> <p>2. Resident #2 was admitted to the facility on 9/1/05. The medication bucket contained Hydroxyzine, 50 mg, 1 capsule prn anger and anxiety. The Medication Administration Record (MAR) for the month of October, 2008 indicated the Hydroxyzine was administered twice daily on a regular, daily basis. There was no documented evidence of a record of the reason and the results of the medication ordered on a prn basis. The MAR did not indicate the Hydroxyzine was to be administered on a prn basis.</p> <p>3. Resident #3 was admitted to the facility on 4/21/06. The medication bucket contained Hydroxyzine, 50 mg, 1 capsule prn (as needed) anger and anxiety. The Medication Administration Record (MAR) for the month of October, 2008 indicated the Hydroxyzine was administered twice daily on a regular, daily basis. There was no documented evidence of a record of the reason and the results of the medication ordered on a prn basis. The MAR did not indicate the Hydroxyzine was to be administered on a prn basis.</p> <p>On 10/22/08 in the afternoon, Employee #2 indicated she regularly gives the Hydroxyzine to Resident #1, #2, and #3 twice daily on a regular, daily basis unless they request an additional third dosage.</p> <p>Severity: 2 Scope: 3</p>	YA908			

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